

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

Printed: 06/19/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 504012	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 06/05/2019
NAME OF PROVIDER OR SUPPLIER SMOKEY POINT BEHAVIORAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE 3955 156TH STREET NORTHEAST MARYSVILLE, WA 98271		
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B 000	INITIAL COMMENTS An unannounced Complaint (follow up) was conducted by Federal consulting surveyors from June 3 through June 5, 2019. The census at the time of this survey was 65 patients; and the active sample was eight (8) patients.	B 000		
B 103	SPEC MEDICAL RECORD REQS FOR PSYCH HOSPITALS CFR(s): 482.61 The medical records maintained by a psychiatric hospital must permit determination of the degree and intensity of the treatment provided to individuals who are furnished services in the institution. This Condition is not met as evidenced by: Based on observation, interview and document review, the facility failed to: Provide active treatment, including alternative interventions of sufficient intensity and duration for four (4) of eight (8) active sample patients (A1, A2, A5 and A6). These patients were either not emotionally stable to participate in treatment or were not motivated to attend groups they were expected to attend, as listed on the unit activity schedule. Although the Master Treatment Plans (MTPs) for these patients included several group therapies, these patients regularly and repeatedly did not attend the designated groups. A patient's nonparticipation in assigned treatment modalities negates the clinical effectiveness of the patient's treatment goals and objectives, potentially delaying the patient's improvement. (Refer to B125)	B 103		
B 121	TREATMENT PLAN CFR(s): 482.61(c)(1)(ii)	B 121		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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B 121	<p>Continued From page 1</p> <p>The written plan must include short-term and long range goals.</p> <p>This Standard is not met as evidenced by: Based on record review and interview, the facility failed to provide measurable patient goals on the Master Treatment Plans (MTPs) for eight (8) of eight (8) active sample patients (A1, A2, A3, A4, A5, A6, A7 and A8). Identified goals were not measurable, and other goals listed were staff goals rather than patient goals. These failures prevented the patient and the staff from having a clear understanding of what goals had been agreed upon, and how movement toward achieving them would be determined.</p> <p>Findings include:</p> <p>A. Record Review</p> <p>1. A1 (MTP signed 5/27/2019): for the problem "Danger to Self-Patient not taking prescribed medication, has not been sleeping, returned to acute mania." The first goal was "Patient will demonstrate use of the following skills when having thoughts of depression." The second goal was "Thought: Read Bible, Coping Skills: Singing." The third goal was "Patient will take all meds as prescribed."</p> <p>2. A2 (MTP signed 5/21/2019): for the problem "Patient presents with somatic delusions related to body parts and paranoid delusions that people are putting crap in his food and water." Short term goals were listed under a generic heading "Patient will demonstrate use of the following coping skill(s) when having thoughts of danger to self, coping skill is to reduce stimuli and change</p>	B 121			

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B 121	<p>Continued From page 2</p> <p>environment." Reducing stimuli and changing his environment are staff tasks related to management of a therapeutic milieu.</p> <p>3. A3 (MTP signed 5/21/2019): for the problem "Having auditory hallucinations and cheeking meds," the goal was: "Patient will demonstrate use of the following coping skills when having thoughts of harming self or others." The coping skill(s) were listed as unknown.</p> <p>4. A4 (MTP signed 5/13/2019): for the problem "Auditory hallucinations, telekinesis of son's baby being killed and noncompliant with medications. Patient will demonstrate use of the following coping skill(s) when having thoughts of self-harm." The coping skill listed was "sleep."</p> <p>5. A5 (MTP signed 5/18/2019): for the problem "Danger to self with psychosis as evidenced by calling ED for help, scared they would 'send me away' as patient has bipolar disorder and schizophrenia." The only goal was: "Not feeling safe." (This is not a goal, but a feeling reported by patient.) No other goals were listed for this problem.</p> <p>6. A6 (MTP dated 5/24/19): for the problem "Depression as evidenced by patient having suicidal thoughts. Pt took intentional overdose of 20 pills unknown." Goals for this pt were "Patient will demonstrate use of the following coping skill(s) when having thoughts of suicide." First coping skill listed as goal was to change the environment and second goal was: "Medication."</p> <p>7. A7 (MTP signed 5/27/19): for problem "Danger to self as evidenced by suicidal ideation without plan and reports of manic episodes." Goals listed for this problem were: "When having thoughts of</p>	B 121			

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B 121	Continued From page 3 suicide, use coping skills of journaling or talking to staff or peers." 8. A8 (MTP signed 5/22/19): for the problem "Danger to self as evidenced by suicidal ideation with plan, means and intent, recent SA overdose with Tylenol PM. Has used ETOH and THC to feel better, not eating much." The only goal on the treatment plan was, "When having thoughts of self-harm, the listed coping skill is playing music and pt hasn't identified another coping skill yet." No details were available as to how and when the music would occur. There were no other goals for the identified problems of: 1) He has used ETOH and THC to feel better and 2) patient is not eating much. B. Staff Interviews: 1. In an interview on 6/3/19 at 11:15 a.m., RN5 reported that the patient goals were not individualized and measurable. 2. In an interview on 6/4/19 at 3:00 p.m., a discussion occurred with the CNO (Chief Nursing Officer) about problems with patient goals as cited in Section A, above. She did not dispute the findings.	B 121			
B 122	TREATMENT PLAN CFR(s): 482.61(c)(1)(iii) The written plan must include the specific treatment modalities utilized. This Standard is not met as evidenced by: Based on record review and interview, the facility failed to ensure that Master Treatment Plans (MTPs) contained individualized active treatment interventions to address specific psychiatric treatment needs for eight (8) of eight (8) active	B 122			

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B 122	<p>Continued From page 4</p> <p>sample patients (A1, A2, A3, A4, A5, A6, A7 and A8). Specifically, MTPs failed to include active treatment interventions that were based on presenting psychiatric symptoms that resulted in hospitalization. Instead, interventions listed on preprinted treatment plans were routine discipline job duties, or were similar regardless of different presenting problems, and did not consistently contain a direction for implementation or focus of treatment. This failure resulted in a lack of guidance for staff to provide coordinated individualized active treatment, potentially delaying patient progress and discharge from the hospital.</p> <p>Findings include:</p> <p>A. Record review</p> <p>The Master Treatment Plans (MTPs) for the following patients were reviewed (dates that plans were signed in parentheses): A1 (5/27/19), A2 (5/21/19), A3 (5/21/19), A4 (5/13/19), A5 (5/18/19), A6 (5/24/19), A7 (5/27/19) and A8 (5/22/19). The review revealed the following deficient interventions for physicians (MD), registered nurses (RN), social workers (SW), and activity therapist (AT).</p> <p>1. Patient A1's MTP included the following deficient intervention statements for the problem "Danger to self as evidence by patient not taking prescribed medication, patient has not been sleeping related to acute mania."</p> <p>a. MD: "will place patient on suicide precautions to prevent self-harm/suicidal."</p> <p>b. RN interventions: "Help patient to identify triggers, warning signs and coping strategies for</p>	B 122			

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B 122	<p>Continued From page 5 self-harmful behaviors."</p> <p>c. Recreational Therapist: "Will provide and educate patient to alternatives to harmful behaviors and managing mood."</p> <p>2. Patient A2's MTP included the following deficient intervention statements for the problem "Danger to self with psychosis as evidenced by-patient presents with somatic delusions related to body parts and paranoid delusions with fear of people putting crap in patient's food and water."</p> <p>a. MD intervention: "Order antidepressant and antipsychotic medication and titrate dose in order to": left blank</p> <p>b. RN: "Place patient on Suicide Precautions to prevent self-harm/suicidal behavior per physician's order. Help patient to identify triggers, warning signs and coping strategies for self-harmful behaviors."</p> <p>c. LMHCA: "Provide patient identified coping tools to reduce thoughts of self-harm: journaling, attending groups, walking."</p> <p>d. SW: Social worker was not listed on this treatment plan.</p> <p>3. Patient A3's MTP included the following deficient intervention statements for the problem "Danger to others with psychosis as evidenced by: Pt having auditory hallucinations, easily angered, hx of violence toward others, unpredictable."</p>	B 122			
	a. RN interventions: "Place patient on assault precautions to prevent harm to peers/staff from				

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B 122	<p>Continued From page 6</p> <p>aggressive behavior per physician's order. Patient given a private room to decrease stimuli and aggression."</p> <p>b. Therapist interventions: "Therapist will encourage patient to utilize their ability to communicate needs."</p> <p>c. AT interventions: "Recreational Therapist will provide and educate patient to alternatives to harmful behavior and managing mood."</p> <p>4. Patient A4's MTP included the following deficient intervention statements for the problem of "auditory hallucinations, telekinesis of son's baby being killed and noncompliant with medications."</p> <p>a. RN interventions: "Help patient to identify triggers, warning signs and coping strategies for self-harmful behaviors. When patient is displaying the following warning signs: blank, ask direct questions to determine if suicidal intent, plan for suicide, and means develop. Assess for: blank"</p> <p>b. Therapist interventions: "Provide patient identified coping tools to reduce thoughts of self-harm CBT/DBT."</p> <p>c. SW interventions: "CBT/DBT interventions."</p> <p>5. Patient A5's MTP included the following deficient intervention statements for the problem of "Danger to self with psychosis as evidenced by calling 911 stating, 'I need help, mental help.' Pt. also reported that [she/he] was scared of being sent away. Patient has been sent away from ED 4X in the past eight days. History of Schizophrenia and Bipolar Disorder."</p>	B 122			

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B 122	<p>Continued From page 7</p> <p>a. MD interventions: "Order antipsychotic medications and titrate dose in order to manage psychosis."</p> <p>b. RN interventions: "Patient placed on close observation to prevent self-harm/suicidal behavior per physician's order. Help patient to identify triggers, warning signs and coping strategies for self-harmful behaviors. Assess for presence of hallucinations, delusions, internal stimuli at least once per shift."</p> <p>c. SW interventions: "Therapist will encourage patient to focus on their strength of asking for help, communicating need, CBT/DBT techniques in order to fully develop and use their coping skills."</p> <p>d. RT interventions were not listed on this treatment plan.</p> <p>6. Patient A6's MTP included the following deficient intervention statements for the problem "Depression, danger to self as evidenced by patient having suicidal thoughts. Pt took intentional overdose of 20 pills unknown."</p> <p>a. MD interventions were not listed on this treatment plan.</p> <p>b. RN interventions: "Place patient on Suicide Precaution to prevent self-harm/suicidal behavior per physician's order. Help patient to identify triggers, warning signs and coping strategies for self-harmful behaviors."</p> <p>c. SW interventions: "Therapist will encourage patient to focus on their strength of asking and communicating needs and emotions."</p>	B 122			

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B 122	<p>Continued From page 8</p> <p>d. AT interventions: "Activity Therapist will provide and educate patient to alternatives to harmful behaviors and managing mood."</p> <p>7. Patient A7's MTP included the following deficient intervention statements for the problem "Danger to self as evidenced by reports of suicidal ideation without plan, reports of manic episodes."</p> <p>a. MD interventions: "Order Depakote and titrate dosage in order to: mood dysregulation. Individual session with patient to educate symptoms management of mood dysregulation."</p> <p>b. RN interventions: "Place patient on Suicide Precautions to prevent self-harm/suicidal behavior per physician's order."</p> <p>c. AT interventions were: "Activity therapist will provide and educate patient to alternatives to harmful behaviors and managing mood."</p> <p>8. Patient A8's MTP included the following deficient intervention statements for the problem "Danger to self as evidenced by suicidal ideation with plan, means and intent. Recent SA overdose with Tylenol PM. Has used ETOH and THC to feel better, not eating much."</p> <p>a. RN interventions: "Place patient on Suicidal Precautions to prevent self-harm/suicidal behavior per physician's order. Help patient to identify triggers, warning signs and coping strategies for self-harmful behaviors."</p> <p>b. AT interventions: "Activity Therapist will provide and educate patient to alternatives to harmful behaviors and managing mood."</p>	B 122			

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B 122	Continued From page 9 B. Staff Interviews: 1. In an interview on 6/3/19 at 11:15 a.m. with RN5 treatment plans were discussed. She acknowledged that nursing interventions listed on the MTP were routine nursing functions and some interventions were written as goal statements. 2. In an interview on 6/4/19 at 3:00 p.m. with the CNO (Chief Nursing Officer), above deficient nursing interventions were discussed. She did not dispute the findings.	B 122			
B 125	TREATMENT PLAN CFR(s): 482.61(c)(2) The treatment received by the patient must be documented in such a way to assure that all active therapeutic efforts are included. This Standard is not met as evidenced by: Based on observation, document review and interview the facility failed to provide individualized, active treatment, including alternative interventions of sufficient intensity and duration for four (4) of eight (8) active sample patients (A1, A2, A5 and A6) based on patient's needs. Although the treatment plan for these patients included several group therapies, these patients regularly and repeatedly did not attend groups. A patient's non- participation in assigned treatment modalities including alternative treatment modalities, negates the clinical effectiveness of a patient's treatment goals and objectives, potentially delaying the patient's improvement and discharge. Findings include: A. Observation:	B 125			

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B 125	<p>Continued From page 10</p> <p>On 6/3/19, on "Open Adult Unit" at 1:45 p.m. while a "Process group" was being conducted, 8 of the 17 patients that were on the unit, were not attending the group. These 8 patients were sleeping/lying in their bedrooms or sitting in the day area or wandering the hallways. Sample patients A5 and A6 were in bed. MHT2 and SW1 confirmed these patients' nonparticipation in groups and when questioned about how they address these patients' nonparticipation, they stated "We encourage them to attend groups."</p> <p>On 6/4/19, in the same "Open Adult unit" at 10:40 a.m., the same sample patients A5 and A6 were in bed while a "Process group" was going on. Of the census of 15, 7 patients were in group and 8 patients were either in their bedrooms sleeping/laying in bed, wandering the hallways or sitting in the day area. RN4 concurred with the observations and when questioned what the hospital does for these patient's nonattendance at the groups, she stated "We encourage them to go to groups."</p> <p>On 6/4/19 at 11:20 a.m. on "Open Adult Unit", while a "Rec Therapy" group was going on, 9 patients were attending the group and 6 patients did not attend the group including the sample patients A5 and A6. SW1 when questioned stated "Need to provide 1:1."</p> <p>On 6/4/19, the census on the Transitional Care Unit (TCU) was 22 and while a "process Group" was going on at around 11:00 am, only 11 patients were in the group and the 11 other patients were either in their bedrooms, wandering the hallways or sitting in the day area.</p> <p>B. Record review:</p>	B 125			

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B 125	<p>Continued From page 11</p> <p>a. Patient A1:</p> <p>1. Patient A1 was admitted on 5/20/19. According to the Psychiatric Evaluation, dated 5/21/19, the patient was hospitalized for "landlord called the police" "acting strangely, threatening towards others." and was diagnosed with "Bipolar I by history."</p> <p>2. The Master Treatment Plan (MTP) dated 5/22/2019, listed the following interventions (on a pre printed form) for the problem "danger to self", for the "Therapist" (SW discipline): "Therapist will encourage patient to focus on their strength of being present and practicing, identified coping skills and communications in order to fully develop and use their coping skills." "Modality: CBT process group" and "Frequency: 50 minutes daily" and "Discuss the use of behavioral strategies learned through CBT and DBT. Modality: Individual Intervention, Frequency: 20 minutes weekly."</p> <p>For the Activity/Recreation Therapy (AT/RT): "Recreational Therapist will provide and education patient to alternatives to harmful behaviors and managing mood." "Modality: Recreation therapy group" and the "Frequency: 5 days per week."</p> <p>The Treatment Plan was reviewed by the treatment team on 5/27/19 and the column for "Progress in Treatment" column "None/Minimal/Some progress" was checked off. This review does not identify this patient's nonparticipation in the above treatment modalities and the plan was not modified to address patient's nonparticipation and lack of progress.</p>	B 125			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

Printed: 06/19/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 504012	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R-C 06/05/2019
NAME OF PROVIDER OR SUPPLIER SMOKEY POINT BEHAVIORAL HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 3955 156TH STREET NORTHEAST MARYSVILLE, WA 98271		
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B 125	<p>Continued From page 12</p> <p>3. A review of "Daily groups note" for 1 week between 5/24/19 to 5/31/19 indicated that [s/he] attended 50% (12 of 24 groups) of the groups. The "Alternative Treatment Plan", "Modality Note", the following was checked off:</p> <p>"Other: This therapist gave the patient a worksheet to complete on their own time." There was no documentation in the medical record as to, if the patient worked on these worksheets or if any staff attempted to review these worksheets.</p> <p>b. Patient A2</p> <p>1. Patient A2 was admitted on 5/21/19. According to the Psychiatric Evaluation dated 5/22/19, the patient was hospitalized for " Per ER records, pt. has had multiple ER visits (over 91 times) in the past 12 months for a variety of medical complaints such as oxygen saturation is low." and was diagnosed with "1. Somatic symptom D/O, 2. H/O Opioid use d/o in remission, 3. H/o Cannabis use d/o in remission", and R/O DM (Diabetes Mellitus) Type II.</p> <p>2. The Master Treatment Plan (MTP) dated 5/22/2019, listed the following interventions (on a pre printed form) for the problem "danger to self with psychosis", for the "Therapist" (SW discipline): " Therapist will encourage patient to focus on their strength of being present and practicing, identified coping skills and communication in order to fully develop and use their coping skills." "Modality: CBT process group" and "Frequency: 50 minutes daily." and, "Discuss the use of behavioral strategies CBT/DBT skills as identified on the patient's care profile and crisis plan to assist patient in gaining control at times of increased psychosis. Modality: Individual Intervention, Frequency: 20 minutes</p>	B 125			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

Printed: 06/19/2019
FORM APPROVED
OMB NO. 0938-0391

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B 125	<p>Continued From page 13 weekly."</p> <p>For the Activity/Recreation Therapy (AT/RT): "Recreational Therapist will provide and educate patient to alternatives to harmful behavior and managing mood." "Modality: Recreation therapy group" and the "Frequency: 5 days per week."</p> <p>The Treatment Plan was reviewed by the treatment team on 5/28/19 and the column for "Progress in Treatment" column "None/Minimal/Some progress" was checked off. This review did not identify this patient's nonparticipation in the above treatment modalities and the plan was not modified to address patient's non-participation and/or lack of progress.</p> <p>3. A review of "Daily groups note" for 1 week between 5/24/19 to 5/31/19 indicated that [s/he] attended 7 of 24 groups during the week. The "Alternative Treatment Plan", "Modality Note", the following was checked off: "Other: This therapist gave the patient a worksheet to complete on their own time." There was no documentation in the medical record as to, if the patient worked on these worksheets or if any staff attempted to review these worksheets.</p> <p>c. Patient A5:</p> <p>1. Patient A5 was admitted on 5/17/19. According to the Psychiatric Evaluation, dated 5/18/19, the patient was hospitalized for "was seen at the ED 4x in the past 8 days for same c/o anxiety, paranoia and being scared." and was diagnosed with "Schizoaffective Disorder Bipolar type."</p> <p>2. The Master Treatment Plan (MTP) dated 5/20/2019, listed the following interventions (on a</p>	B 125			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

Printed: 06/19/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 504012	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R-C 06/05/2019
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B 125	<p>Continued From page 14</p> <p>pre printed form) for the problem "danger to self with psychosis", for the "Therapist" (SW discipline): "Therapist will encourage patient to focus on their strength of asking for help, communicating need, CBT/DBT techniques in order to fully develop and use their coping skills." "Modality: CBT process group" and "Frequency: 30 minutes daily." and, "Discuss the use of behavioral strategies taking deep breaths, writing journaling as identified on the patient's care profile and crisis plan to assist patient in gaining control at times of increased psychosis. Modality: Individual Intervention, Frequency: 20 minutes weekly."</p> <p>For the Activity/Recreation Therapy (AT/RT): "Recreational Therapist will provide and education patient to alternatives to harmful behaviors and managing mood." "Modality: Recreation therapy group" and the "Frequency: 5 days per week."</p> <p>The Treatment Plan was reviewed by the treatment team on 5/24/19 and 5/31/19. The column for "Progress in Treatment", column "None/Minimal/Some progress" was checked off. This review did not identify this patient's nonparticipation in the above treatment modalities and the plan was not modified to address patient's lack of improvement and nonparticipation.</p> <p>3. A review of "Daily groups note" for 1 week between 5/24/19 to 5/31/19 indicated that [s/he] attended 11 of 28 groups. The "Alternative Treatment Plan", "Modality Note", the following was checked off: "Other: The therapist engaged in conversation with patient to offer group materials to complete independently." There was no documentation in the medical record as to, if</p>	B 125			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

Printed: 06/19/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 504012	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R-C 06/05/2019
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B 125	<p>Continued From page 15</p> <p>the patient worked on these worksheets or if any staff attempted to review these worksheets.</p> <p>Patient Interview:</p> <p>The surveyor attempted to interview Patient A5 on 6/3/19 at 2:00 p.m. with LPN I. The patient was lying on [his/her] bed, in [his/her] bedroom. Although initially agreed to be interviewed, the patient quickly stated, "I can't do this, I can't do this." and slumped in the bed. The patient appeared extremely anxious and unable to engage in a meaningful interview. The interview was terminated.</p> <p>d. Patient A6:</p> <p>1. Patient A1 was admitted on 5/24/19. According to the Psychiatric Evaluation, dated 5/21/19, the patient was hospitalized for "chronically suicidal for years and has been worse recently." "currently homeless." and was diagnosed with, "Major depressive disorder, severe, without psychotic features."</p> <p>2. The Master Treatment Plan (MTP) dated 5/27/2019, listed the following interventions (on a pre printed form) for the problem "Danger to self", for the "Therapist" (SW discipline): "Therapist will encourage patient to focus on their strength of assessing and communicating needs and emotions in order to fully develop and use their coping skills."</p> <p>"Modality: CBT process group" and "Frequency: 50 minutes daily.", and "Discuss the use of behavioral strategies, CBT/DBT learned skills/techniques, deep breathing, meditation as identified on the patient's care profile, and crisis plan to assist patient in managing symptoms of</p>	B 125			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

Printed: 06/19/2019
FORM APPROVED
OMB NO. 0938-0391

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B 125	<p>Continued From page 16</p> <p>SI(suicidal ideation)/depression." Modality: Individual intervention, and Frequency: 20 minutes weekly."</p> <p>For the Activity/Recreation Therapy (AT/RT): "Recreational Therapist will provide and education patient to alternatives to harmful behaviors and managing mood." "Modality: Activity therapy group" and the "Frequency: 5 days per week."</p> <p>This Treatment Plan was reviewed by the treatment team on 5/31/19 and the column for "Progress in Treatment" column "None/Minimal/Some progress" was checked off. This review did not identify this patient's nonparticipation in the above treatment modalities and the plan was not modified to address patient's lack of progress or non-participation.</p> <p>3. A review of "Daily groups note" for 1 week between 5/24/19 to 5/31/19 indicated that [s/he] attended 1 of 22 groups. The "Alternative Treatment Plan", "Modality Note", the following was checked off: "Other: Therapist engaged in conversation with patient to offer group materials to complete independently." or "Offered shorter time." There was no documentation in the medical records as to, if the patient completed any of these worksheets or if any staff attempted to review these worksheets.</p> <p>Patient Interview:</p> <p>The surveyor interviewed this patient on 6/3/19 at 2:50 p.m. The patient willingly came to the interview room and talked freely about depression/suicidal thoughts. Regarding group treatments, the patient stated, "I am not comfortable around groups of people, I am more</p>	B 125			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

Printed: 06/19/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 504012	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R-C 06/05/2019
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B 125	Continued From page 17 comfortable 1:1. I would like to go to cafeteria for my meals, but I don't, because of my anxiety around groups of people." Again on 6/4/19 at 11 a.m., during a group therapy session, the patient was seen with RN4 and observed to be in [his/her] bed. C. Staff Interviews 1. On 6/4/19 at 1:30 p.m., the above lack of active treatment for sample patients (A1, A2, A5 and A6) as well as other patients observed not participating in group therapy was discussed with the Director of Clinical Services who is also the Director Social Services and the Nurse Educator RN5. They did not dispute the findings and stated, "We are open to improvement." 2. On 6/4/19 at 3:00 p.m., in a meeting with the Medical Director, the lack of patients' participation in treatment groups including alternative treatments was discussed. The Medical Director did not dispute the above findings and stated, "Agree with you."	B 125			
B 144	MEDICAL STAFF CFR(s): 482.62(b)(2) The director must monitor and evaluate the quality and appropriateness of services and treatment provided by the medical staff. This Standard is not met as evidenced by: Based on record review and staff interview the Medical Director failed to ensure that; I. The MTPs included clear identification of treatment goals in measurable and behavioral terms (see B121) and the Treatment	B 144			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

Printed: 06/19/2019
FORM APPROVED
OMB NO. 0938-0391

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B 144	Continued From page 18 Interventions were individualized and patient specific. (see B122) II. Active treatments including alternative treatments of sufficient intensity and duration, was provided to all patients including the sample patients' (A1, A2, A5 and A6). (Refer to B125)	B 144			
B 148	NURSING SERVICES CFR(s): 482.62(d)(1) The director must demonstrate competence to participate in interdisciplinary formulation of individual treatment plans; to give skilled nursing care and therapy; and to direct, monitor, and evaluate the nursing care furnished. This Standard is not met as evidenced by: Based on record review and interview the Chief Nursing Officer (CNO) failed to 1. Ensure that treatment plans contained nursing interventions that were more than generic and routine nursing functions. (Refer to B122) 2.Ensure that Master Treatment Plans (MTPs) contained individualized nursing interventions to address specific psychiatric treatment needs of eight (8) of eight (8) active sample patients (A1, A2, A3, A4, A5, A6, A7 and A8). Specifically, MTPs failed to include active treatment interventions that were based on presenting psychiatric symptoms resulting in hospitalization. Instead, the interventions listed on the preprinted problem sheets were generic, routine registered nurse job duties, and did not consistently state a method of delivery or a focus of treatment. These failures resulted in a lack of guidance for nursing staff to provide coordinated and individualized active treatment, potentially	B 148			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

Printed: 06/19/2019
FORM APPROVED
OMB NO. 0938-0391

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B 148	<p>Continued From page 19</p> <p>delaying patient improvement and discharge from the hospital. (Refer to B122)</p> <p>Interviews</p> <p>1. In an interview on 6/3/19 at 11:15 a.m. with RN5 treatment plans were discussed. She acknowledged that nursing interventions listed on the MTP were routine nursing functions and some interventions were written as goal statements.</p> <p>2. In an interview on 6/4/19 at 3:00 p.m. with the CNO, MTP nursing interventions were discussed. She did not dispute the findings.</p>	B 148			

B103 Plan of Correction for Each specific deficiency Cited:

- The Hospital failed to determine the degree and intensity of the treatment provided to individuals who are furnished services in the institution.

Procedure/process for implementing the plan of correction:

- The Director of Clinical Services and Chief Nursing Officer have updated the initial treatment plan done by nursing staff within the first eight hours of treatment. This update will include, but not limited to, date of admission, legal status, anticipated length of stay, psychiatric reason for admission, medical problems, patient precautions, strengths, stressors/limitations, patient's appropriateness for group programming and alternative interventions if patient is unable to program in a group setting, and preliminary discharge plans.
- The Director of Clinical Services educated and re-trained clinical services staff the week of July 15, 2019, on the reviewing on the initial treatment plan completed by nursing staff and how this document informs their ongoing care with patients and the individualization of patient needs.
- The Chief Nursing Officer educated and retrained all nursing staff the week of July 15, 2019, on the completion of the initial treatment plan. This education included, but was not limited to, how the information obtained during the initial nursing assessment, collateral documentation/information, outside records, admission assessment, and patient reports all assist in the development of the initial treatment plan. Based on the information the nurse obtains through these varying tools, the nurse will identify the therapeutic interventions that will be provided based on the specific needs of the patient.
- The education provided to both the therapist and nurses will be part of the orientation and the annual training process.

Monitoring and Tracking procedures to ensure the plan of correction is effective:

- Program Directors, Nurse Managers, Director of Clinical Services, and Interim Chief Nursing Officer will randomly audit 20 percent of active patient charts weekly to ensure the degree and intensity of the treatment being provided will be assessed accordingly and incorporated appropriately into the treatment plan.

Process improvement: Address process improvement and demonstrate how the facility has incorporated improvement actions into its Quality Assessment and Performance Improvement (QAPI) program. Address improvement in systems to prevent the likelihood of re-occurrence of the deficient practice:

- Program directors, Interim Chief Nursing Officer, or Director of Clinical Services will aggregate and analyze via the created checklist for their reports on the weekly basis.
- Non-compliance will be addressed via re-education.
- Monthly reports of the weekly data will be aggregated, analyzed, and presented in the PI committee and reported via the 2019 Performance Improvement Dashboard.

Individual Responsible:

Director of Clinical Services

Date Completed:

7/19/2019

B121 Plan of Correction for Each specific deficiency Cited:

- The Hospital failed to provide a written plan that included measurable patient centered short term and long-range goals.

Procedure/process for implementing the plan of correction:

- The Director of Clinical Services & Chief Nursing Officer have educated and re-trained clinical services staff and nursing staff on the completion of individualized treatment plans that are based on measurable patient goals. This training included, but was not limited to, the creation of individualized long- and short-term treatment plan goals and objectives based on the patient's identified strengths, limitations and problem statements, the difference between long and short term goals, and ensuring that these are the goals of the patient and not staff. Staff were also educated on the use of SMART goals (Specific, Measurable, Achievable, Relevant and Time-bound).
- The Director of Clinical Services & Interim Chief Nursing Officer have educated and re-trained current staff to those roles on the week of July 15, 2019.
- This education will be part of the orientation and the annual training process for nursing and clinical services staff.

Monitoring and Tracking procedures to ensure the plan of correction is effective:

- Program Directors, Nurse Managers, Director of Clinical Services, and Chief Nursing Officer will randomly audit 20 percent of active patient charts weekly to ensure that all treatment plans have short term and long-range goals that are patient centered.

Process improvement: Address process improvement and demonstrate how the facility has incorporated improvement actions into its Quality Assessment and Performance Improvement (QAPI) program. Address improvement in systems to prevent the likelihood of re-occurrence of the deficient practice:

- Program Directors, Chief Nursing Officer, or Director of Clinical Services will aggregate and analyze via the created checklist for their reports on the weekly basis.
- Non-compliance will be addressed via re-education.
- Monthly reports of the weekly data will be aggregated, analyzed, and presented in the PI committee and reported via the 2019 Performance Improvement Dashboard.

Individual Responsible:

Director of Clinical Services

Date Completed:

7/19/2019

B122 Plan of Correction for Each specific deficiency Cited:

- The Hospital failed to provide a written plan that included specific treatment modalities utilized and active treatment interventions based on presenting psychiatric symptoms resulting in hospitalization.

Procedure/process for implementing the plan of correction:

- The Director of Clinical Services and Chief Nursing Officer have updated the treatment plans that require physicians, nursing staff, and program therapists to contain individualized active treatment interventions to address specific psychiatric treatment needs of patient. This update will include, but not limited to, the patient's problem/reason for psychiatric admission, the evidence and symptomology of the identified problem, short term goal/outcome, long term goal, intervention, frequency of the intervention, discipline responsible, start date of intervention, target date of intervention, and completion date of intervention.
- The Director of Clinical Services and Interim Chief Nursing Officer have educated and re-trained clinical services and nursing staff the week of July 15, 2019, on the completion of the treatment plans. This education included, but was not limited to, the development of the treatment plans based on assessments completed, collateral information obtained, outside records, patient's capabilities, and patient's progress in treatment. This training also included education about patient's presenting psychiatric symptoms that resulted in hospitalization. Staff were also educated on the use of patient's SMART goals to inform treatment interventions.
- The education provided to both the therapist and nurses will be part of the annual training process.

Monitoring and Tracking procedures to ensure the plan of correction is effective:

- Program Directors, Nurse Managers, Director of Clinical Services, and Chief Nursing Officer will randomly audit 20 percent of active patient charts weekly to ensure that all treatment plans include specific treatment modalities.

Process improvement: Address process improvement and demonstrate how the facility has incorporated improvement actions into its Quality Assessment and Performance Improvement (QAPI) program. Address improvement in systems to prevent the likelihood of re-occurrence of the deficient practice:

- Program Directors, Chief Nursing Officer, or Director of Clinical Services will aggregate and analyze via the created checklist for their reports on the weekly basis.
- Non-compliance will be addressed via re-education.
- Monthly reports of the weekly data will be aggregated, analyzed, and presented in the PI committee and reported via the 2019 Performance Improvement Dashboard.

Individual Responsible:

Director of Clinical Services & Interim Chief Nursing Officer

Date Completed:

7/19/2019

B125 Plan of Correction for Each specific deficiency Cited:

- The Hospital failed to document in such a way that ensured all active therapeutic efforts are included.

Procedure/process for implementing the plan of correction:

- The Director of Clinical Services and Chief Nursing Officer have updated the initial treatment plan done by nursing staff within the first eight hours of treatment. This update will include, but not limited to, date of admission, legal status, anticipated length of stay, psychiatric reason for admission, medical problems, patient precautions, strengths, stressors/limitations, patient's appropriateness for group programming and alternative interventions if patient is unable to program in a group setting, and preliminary discharge plans.
- The Director of Clinical Services has educated and re-trained clinical services staff the week of July 15, 2019, on the reviewing on the initial treatment plan completed by nursing staff and how this document informs their ongoing care with patients and the individualization of patient needs. Special emphasis was placed to include all active therapeutic efforts.
- The Chief Nursing Officer educated and retrained all nursing staff the week of July 15, 2019, on the completion of the initial treatment plan. This education included, but was not limited to, how the information obtained during the initial nursing assessment, collateral documentation/information, outside records, admission assessment, and patient reports all assist in the development of the initial treatment plan. Based on the information the nurse obtains through these varying tools, the nurse will identify the therapeutic interventions that will be provided based on the specific needs of the patient.
- The education provided to both the therapist and nurses will be part of the annual training process.

Monitoring and Tracking procedures to ensure the plan of correction is effective:

- Program Directors, Nurse Managers, Director of Clinical Services, and Chief Nursing Officer will randomly audit 20 percent of active patient charts weekly to ensure all active therapeutic efforts are included in the clinical record.

Process improvement: Address process improvement and demonstrate how the facility has incorporated improvement actions into its Quality Assessment and Performance Improvement (QAPI) program. Address improvement in systems to prevent the likelihood of re-occurrence of the deficient practice:

- Program Directors, Chief Nursing Officer, or Director of Clinical Services will aggregate and analyze via the created checklist for their reports on the weekly basis.
- Non-compliance will be addressed via re-education.
- Monthly reports of the weekly data will be aggregated, analyzed, and presented in the PI committee and reported via the 2019 Performance Improvement Dashboard.

Individual Responsible:

Director of Clinical Services & Interim Chief Nursing Officer

Date Completed:

7/19/2019

B 144 Plan of Correction for Each specific deficiency Cited:

- The Hospital failed to have the medical staff director monitor and evaluate the quality and appropriateness of services and treatment provided by the medical staff.

Procedure/process for implementing the plan of correction:

- The medical director trained psychiatric medical staff on the completion of individualized treatment plans that are based on measurable patient goals. This training included, but was not limited to, the creation of individualized long- and short-term treatment plan goals and objectives based on the patient's identified strengths and problem statements, the difference between long and short term goals, and ensuring that these are the goals of the patient and not staff. Staff were also educated on the use of SMART goals (Specific, Measurable, Achievable, Relevant and Time-bound).
- The medical director has educated and re-trained current staff to those roles on the week of July 15, 2019.
- This education will be part of the annual training process for nursing and clinical services staff.

Monitoring and Tracking procedures to ensure the plan of correction is effective:

- Program Directors, Nurse Managers, Director of Clinical Services, and Chief Nursing Officer will randomly audit 20 percent of active patient charts weekly to ensure that the treatment provided by the medical staff are appropriate services.

Process improvement: Address process improvement and demonstrate how the facility has incorporated improvement actions into its Quality Assessment and Performance Improvement (QAPI) program. Address improvement in systems to prevent the likelihood of re-occurrence of the deficient practice:

- Program Directors, Chief Nursing Officer, or Director of Clinical Services will aggregate and analyze via the created checklist for their reports on the weekly basis.
- Non-compliance will be addressed via re-education.
- Monthly reports of the weekly data will be aggregated, analyzed, and presented in the PI committee and reported via the 2019 Performance Improvement Dashboard.

Individual Responsible:

Medical Director

Date Completed:

7/19/2019

B144 Plan of Correction for Each specific deficiency Cited:

- The Hospital failed to ensure that the director of nursing demonstrated competence to participate in interdisciplinary formulation of individual treatment plans; to give skilled nursing care and therapy; and to direct, monitor, and evaluate the nursing care furnished.

Procedure/process for implementing the plan of correction:

- The Chief Nursing Officer has updated the initial treatment plan done by nursing staff within the first eight hours of treatment. This update will include, but not limited to, date of admission, legal status, anticipated length of stay, psychiatric reason for admission, medical problems, patient precautions, strengths, stressors/limitations, patient's appropriateness for group programming and alternative interventions if patient is unable to program in a group setting, and preliminary discharge plans.
- The Chief Nursing Officer educated and retrained all nursing staff the week of July 15, 2019, on the completion of the initial treatment plan. This education included, but was not limited to, how the information obtained during the initial nursing assessment, collateral documentation/information, outside records, admission assessment, and patient reports all assist in the development of the initial treatment plan. Based on the information the nurse obtains through these varying tools, the nurse will identify the therapeutic interventions that will be provided based on the specific needs of the patient.
- The Director of Clinical Services and the Chief Nursing Officer have educated and re-trained clinical services staff and nursing staff on the completion of individualized treatment plans that are based on measurable patient goals. This training included, but was not limited to, the creation of individualized long- and short-term treatment plan goals and objectives based on the patient's identified strengths and problem statements, the difference between long and short term goals, and ensuring that these are the goals of the patient and not staff. Staff were also educated on the use of SMART goals (Specific, Measurable, Achievable, Relevant and Time-bound).
- The Director of Clinical Services and Chief Nursing Officer have updated the treatment plans that require physicians, nursing staff, and program therapists to contain individualized active treatment interventions to address specific psychiatric treatment needs of patient. This update will include, but not limited to, the patient's problem/reason for psychiatric admission, the evidence and symptomology of the identified problem, short term goal/outcome, long term goal, intervention, frequency of the intervention, discipline responsible, start date of intervention, target date of intervention, and completion date of intervention.
- The education provided to both the therapist and nurses will be part of the annual training process.

Monitoring and Tracking procedures to ensure the plan of correction is effective:

- Program Directors, Nurse Managers, Director of Clinical Services, and Chief Nursing Officer will randomly audit 20 percent of active patient charts weekly to ensure that the treatment provided by the nursing staff are appropriate services.

Process improvement: Address process improvement and demonstrate how the facility has incorporated improvement actions into its Quality Assessment and Performance Improvement (QAPI) program. Address improvement in systems to prevent the likelihood of re-occurrence of the deficient practice:

- Program Directors, Chief Nursing Officer, or Director of Clinical Services will aggregate and analyze via the created checklist for their reports on the weekly basis.
- Non-compliance will be addressed via re-education.
- Monthly reports of the weekly data will be aggregated, analyzed, and presented in the PI committee and reported via the 2019 Performance Improvement Dashboard.

Individual Responsible:

Chief Nursing Officer

Date Completed: 7/19/2019

B0148 Plan of Correction for Each specific deficiency Cited:

- The Hospital failed to ensure that treatment plans contain nursing interventions that are more than generic and routine nursing functions and ensure Master Treatment Plans contain individualized nursing interventions to address specific psychiatric treatment needs.

Procedure/process for implementing the plan of correction:

- Nursing staff will receive training regarding formulation of patient specific treatment plans to include SMART goals & active interventions.

Monitoring and Tracking procedures to ensure the plan of correction is effective:

- CNO/designee will audit 16 charts weekly to ensure the treatment plan gives clear guidance for nursing staff to provider coordinated and individualized active treatment.
- Audits will continue until 100% compliance is achieved for 3 consecutive months. Then CNO/designee will audit 30 charts per month until the Governing Board recommends to discontinue or change audit with ongoing compliance. A new plan of correction will be developed for a compliance rate less than 80% for two consecutive months.

Process improvement: Address process improvement and demonstrate how the facility has incorporated improvement actions into its Quality Assessment and Performance Improvement (QAPI) program. Address improvement in systems to prevent the likelihood of re-occurrence of the deficient practice:

- Non-compliance will be addressed via re-education.
- Audit results will be reported bi-weekly to the Governing Board and monthly to the Performance Improvement Committee.
- Monthly reports of the weekly data will be aggregated, analyzed, and presented in the PI committee.

Individual Responsible:

Chief Nursing Officer

Date Completed:

7/19/2019